

Case Number:	CM15-0188481		
Date Assigned:	09/30/2015	Date of Injury:	09/20/2011
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female with a date of injury on 9-20-11. A review of the medical records indicated that the injured worker is undergoing treatment for lower back pain. Treatments have included medication, physical therapy and injections. A progress report dated 7-24-15 reported continued complaints of lower back pain with radiation down both legs, with the right side pain rated 5/10 and left side pain rated 6/10. She described burning down her left leg with a tingling sensation. Objective findings included diffuse tenderness throughout the lumbar spine more on the left lower side which is also present into the buttocks. The provider recommended a trial of transdermal creams. Request for authorization dated 8-12-15 was made for flurbiprofen 20% lidocaine 5% 150 gm quantity 1, gabapentin 10%, Amitriptyline 5%, capsaicin 0.025% 150 gm quantity 1 and cyclobenzaprine 10% lidocaine 3% 150 gm quantity 1. Utilization review dated 8-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 10 % Amitriptyline 5 % Capsaicin 0.025 % 15 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-depressants for chronic pain, Anti-epilepsy drugs (AEDs), Capsaicin, topical, Topical Analgesics.

Decision rationale: Gabapentin-Amitriptyline-Capsaicin Cream is a combination product formulated for topical use. It is made up of gabapentin, an anticonvulsant and analgesic, Amitriptyline, an anti-depressant, and capsaicin, a topical analgesic. The use of topical agents to control pain is considered by the MTUS as an option although it is considered largely experimental; there is little to no research to support their use. They are primarily recommended for the treatment of neuropathic pain when first line agents such as antidepressants or anti-epileptics have failed. Even though the MTUS describes use of gabapentin as an effective medication in controlling neuropathic pain, it does not recommend its use topically. The MTUS does not address the topical use of Amitriptyline but notes that when used systemically, Amitriptyline use should be considered first line therapy for neuropathic pain. The MTUS recommends the topical use of capsaicin as an option for treating pain in patients intolerant to other treatments. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since topical use of gabapentin is not recommended use of this product is not recommended. Medical necessity for use of this product has not been established.

Cyclobenzaprine 10 % Lidocaine 2 % 150 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Lidoderm (lidocaine patch), Muscle relaxants (for pain), Topical Analgesics. Decision based on Non-MTUS Citation Jorge LL, Feres CC, Teles VEP. Topical preparations for pain relief: efficacy and patient adherence. J Pain Res. 2011; 4: 11-24.

Decision rationale: Cyclobenzaprine-Lidocaine cream is a combination product formulated for topical use. It is made up of cyclobenzaprine (a muscle relaxant) and lidocaine (an anesthetic). The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since the topical use of lidocaine mixed with any other agent is not recommended by the MTUS, use of this entire preparation is not recommended. Medical necessity has not been established.

Flurbiprofen 20 % Lidocaine 5 % 150 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Jorge LL, Feres CC, Teles VEP. Topical preparations for pain relief: efficacy and patient adherence. J Pain Res. 2011; 4: 11-24.

Decision rationale: Flurbiprofen-Lidocaine cream is a combination product formulated for topical use. It is made up of flurbiprofen (a non-steroidal anti-inflammatory (NSAID) medication) and lidocaine (an anesthetic). The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. The topical use of NSAIDs has been effective in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since the topical use of lidocaine mixed with any other agent is not recommended by the MTUS, use of this entire preparation is not recommended. The request is not medically necessary.